

# NEW HAMPSHIRE REVIEW STANDARD CHECKLIST FOR INDIVIDUAL HEALTH FORMS

Company Name \_\_\_\_\_

Additional Company Names for Multiple Company Filing (Only if using exact same form)

Where Referenced Form/Page/Paragraph	Statute	Title	Summary
N/A   Why No Yes        /     /	415:6 I.(2)	Time Limit on Certain Defenses	After 2 years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss
N/A   Why No Yes        /     /	415:6 I.(3)	Grace Period	A grace period will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force,).
N/A   Why No Yes        /     /	415:6 I.(4)	Reinstatement	The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained on or after the date of reinstatement and loss due to such sickness as may begin on or after the date of reinstatement.
N/A   Why No Yes        /     /	415:6 I.(5)	Written Notice of Claim	Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible.
N/A   Why No Yes        /     /	415:6 I.(6)	Claim Forms	The insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied
N/A   Why No Yes        /     /	415:6 I.(7)	Proofs of Loss	Written proof of loss must be furnished to the insurer at its office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within one year after the date of such loss in the case of a medicare supplement insurance policy

N/A Why No Yes / /	415:6 I.(8)	Time of Payment of Claims	Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss.
N/A Why No Yes / /	415:6 I.(9)	Payment of Claims	If any indemnity of this policy shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity, up to an amount not exceeding \$ ____ (insert an amount which shall not exceed \$1000), to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the insurer to be equitably entitled thereto.
N/A Why No Yes / /	415:6 I.(10)	Physical Examinations and Autopsy	The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
N/A Why No Yes / /	415:6 I.(11)	Legal Actions	No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.
N/A Why No Yes / /	415:6 I.(14)	Refund Upon Cancellation	The insured may cancel the policy at any time by written notice. If the insured cancels, the insurer shall promptly return any unearned portion of the premium paid.
N/A Why No Yes / /	415:6 II(2)	Misstatement of Age	If the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.
N/A Why No Yes / /	415:6 II(3)	Other Insurance with This Insurer	The excess insurance shall be void and all premiums paid for such excess shall be returned. One such policy elected by the insured and the insurer will return all premiums paid for all other such policies.
N/A Why No Yes / /	415:6 II(4)	Insurance with Other Insurers	If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of <u>service basis or an expense incurred basis</u> , payment shall not be prorated or reduced. If such a case, the insured shall be entitled to payment from both insurers. Provided, however, that the provisions of this subparagraph shall not prohibit the issuance of a "benefits deductible" on policies determined by the insurance commissioner as major medical policies. The term "benefits deductible" shall not mean the value of benefits provided with respect to medical or liability insurance offered under either a general liability insurance policy or an auto insurance policy.
N/A Why No Yes / /	415:6 II(5)	Insurance with Other Insurers	If there be other valid coverage, not with this insurer, providing benefits for the same loss on <u>other than an expense incurred basis</u> , payment shall not be prorated or reduced. In such a case, the insured shall be entitled to payment from both insurers.

N/A No Yes	Why / /	415:6-c I.	Nonprescription Enteral Formulas	Each insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance who are residents of this state, coverage for the provision of nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract
N/A No Yes	Why / /	415:6-c II	Nonprescription Food Products	Coverage for inherited diseases of amino acids and organic acids shall, in addition to the enteral formula, include food products modified to be low protein in an amount not to exceed \$1,800 annually for any insured individual.
N/A No Yes	Why / /	415:6-d	Maternity Benefit Rider	Insurer shall offer the insured the option of including a maternity benefits rider if maternity care is not covered under the policy
N/A No Yes	Why / /	415:6-e	Diabetes Treatment Coverage	Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for plan, or contract of accident or health insurance providing benefits for medical or hospital expenses which provides for durable medical equipment coverage shall provide coverage for medically appropriate or necessary equipment used to treat diabetes subject to the terms and conditions of the policy.
N/A No Yes	Why / /	415:6-g I.	Off-label Prescription Drug Coverage	No insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses and providing coverage for prescription drugs shall exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies.
N/A No Yes	Why / /	415:6-h I.	Claims Payment Time Limits	Each insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses for its insured persons shall pay for services rendered by New Hampshire health care providers within 45 calendar days upon receipt of a clean written claim or 15 calendar days upon receipt of a clean electronic claim.
N/A No Yes	Why / /	415:11	Alteration of Application	No alteration of any written application for insurance, by erasure, insertion or otherwise, shall be made by any person other than the applicant without his written consent
N/A No Yes	Why / /	415-D: I.	Mammography	Any policy of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide: (a) a baseline mammogram for women 35 to 39 years of age. (b) a mammogram every 1 to 2 years, even if no symptoms are present, for women 40 to 49 years of age. (c) an annual mammogram for women 50 years of age or older.
N/A No Yes	Why / /	415:22 I.	Newborn Children	All individual health insurance policies providing coverage on an expense incurred basis shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth.

N/A	Why	415:22-a	Adopted Children	All individual health insurance policies which provide coverage for a family member of the insured shall also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding
No				
Yes	/ /			